



For Office Use Only
Government Claims Program

DEC 04 2017

RECEIVED

1701757T

Government Claims Program
Office of Risk and Insurance Management
Department of General Services
P.O. Box 989052, MS 414
West Sacramento, CA 95798-9052

1-800-955-0045 • www.dgs.ca.gov/orim/Programs/GovernmentClaims.aspx

[Clear Form](#)

[Print Form](#)

Is your claim complete?

- Include a check or money order for \$25 payable to the State of California.
- Complete all sections relating to this claim and sign the form. Please print or type all information.
- Attach copies of any documentation that supports your claim. Please do not submit originals.

Claimant Information Use name of business or entity if claimant is not an individual

1	Alexander	Kristen	D	2	Tel:
	Last name	First Name		MI	
4					

4	Mailing Address	City	State	Zip
---	-----------------	------	-------	-----

5	Inmate or patient number, if applicable:	N/A	
6	Is the claimant under 18? No	If Yes, please give date of birth:	
7			

If you are an insurance company claiming subrogation, please provide your insured's name in section 7.

8			
---	--	--	--

If your claim relates to another claim or claimant, please provide the claim number or claimant's name in section 8.

Attorney or Representative Information

9		10	Tel:		
	Last name	First Name	MI		
12					

12	Mailing Address	City	State	Zip
----	-----------------	------	-------	-----

13	Relationship to claimant:			
----	---------------------------	--	--	--

Claim Information Please add attachments as necessary

14	Is your claim for a stale-dated warrant (uncashed check)?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If No, skip to Step 15.
	State agency that issued the warrant:			
	Dollar amount of warrant:	Date of issue:		
	Warrant number:	MM/DD/YYYY		
15	Date of Incident: 10/17/2017			
	Was the incident more than six months ago?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
	If YES, did you attach a separate sheet with an explanation for the late filing?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
16	State agencies or employees against whom this claim is filed: Napa County Fire Department			
17	Dollar amount of claim: \$4,186.73			
	If the amount is more than \$10,000, indicate the type of civil case:	<input type="radio"/> Limited civil case (\$25,000 or less) <input type="radio"/> Non-limited civil case (over \$25,000)		
	Explain how you calculated the amount: I took my car to Soscol Auto Body Inc (the local auto body repair shop) for an estimate of the damages. The umber quotes above is what they calculated the repair costs to be. I have included a copy of the estimate.			

18	Location of the incident: [REDACTED]																																																						
19	Describe the specific damage or injury: Large dents, scratches and pitting along the rear bumper, and passenger side of my car. My rear right tail light and passenger side mirror were also broken.																																																						
20	Explain the circumstances that led to the damage or injury: A fire truck was trying to get water from a fire hydrant in front of my house, the firemen released high pressure water into a bed of decorative golfball-sized stones along the sidewalk. The water propelled these stones into my car, causing dents, deep scratches in the paint, breaking my tail light and my mirror. My neighbor watched this incident happen but was unable catch the firemen responsible before they left. They did not leave a note or attempt to contact me after the damages occurred.																																																						
21	Explain why you believe the state is responsible for the damage or injury: The damage to my car is the direct result of the actions of the firemen operating the fire hydrant in front of my house.																																																						
22	Does the claim involve a state vehicle? <input checked="" type="radio"/> Yes <input type="radio"/> No If YES, provide the vehicle license number, if known: Not known. Fire truck was gone by the time I saw the damage																																																						
Auto Insurance Information																																																							
23	Anchor General																																																						
<table border="1"> <tr> <td colspan="2">Name of Insurance Carrier</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">10256 Meanley Dr..</td> <td>San Diego</td> <td>CA 92131</td> </tr> <tr> <td colspan="2">Mailing Address</td> <td>City</td> <td>State Zip</td> </tr> <tr> <td colspan="2">Policy Number: 7147751</td> <td colspan="2">Tel: 858-527-3600</td> </tr> <tr> <td colspan="4">Are you the registered owner of the vehicle? <input checked="" type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td colspan="4">If NO, state name of owner:</td> </tr> <tr> <td colspan="4">Has a claim been filed with your insurance carrier, or will it be filed? <input checked="" type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td colspan="4">Have you received any payment for this damage or injury? <input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> <tr> <td colspan="4">If yes, what amount did you receive?</td> </tr> <tr> <td colspan="4">Amount of deductible, if any: \$1,000</td> </tr> <tr> <td colspan="2">Claimant's Drivers License Number: B7658803</td> <td colspan="2">Vehicle License Number: 6YKG192</td> </tr> <tr> <td colspan="2">Make of Vehicle: Honda</td> <td>Model: Fit</td> <td>Year: 2009</td> </tr> <tr> <td colspan="4">Vehicle ID Number: JHMGE87209S039497</td> </tr> </table>				Name of Insurance Carrier				10256 Meanley Dr..		San Diego	CA 92131	Mailing Address		City	State Zip	Policy Number: 7147751		Tel: 858-527-3600		Are you the registered owner of the vehicle? <input checked="" type="radio"/> Yes <input type="radio"/> No				If NO, state name of owner:				Has a claim been filed with your insurance carrier, or will it be filed? <input checked="" type="radio"/> Yes <input type="radio"/> No				Have you received any payment for this damage or injury? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, what amount did you receive?				Amount of deductible, if any: \$1,000				Claimant's Drivers License Number: B7658803		Vehicle License Number: 6YKG192		Make of Vehicle: Honda		Model: Fit	Year: 2009	Vehicle ID Number: JHMGE87209S039497			
Name of Insurance Carrier																																																							
10256 Meanley Dr..		San Diego	CA 92131																																																				
Mailing Address		City	State Zip																																																				
Policy Number: 7147751		Tel: 858-527-3600																																																					
Are you the registered owner of the vehicle? <input checked="" type="radio"/> Yes <input type="radio"/> No																																																							
If NO, state name of owner:																																																							
Has a claim been filed with your insurance carrier, or will it be filed? <input checked="" type="radio"/> Yes <input type="radio"/> No																																																							
Have you received any payment for this damage or injury? <input type="radio"/> Yes <input checked="" type="radio"/> No																																																							
If yes, what amount did you receive?																																																							
Amount of deductible, if any: \$1,000																																																							
Claimant's Drivers License Number: B7658803		Vehicle License Number: 6YKG192																																																					
Make of Vehicle: Honda		Model: Fit	Year: 2009																																																				
Vehicle ID Number: JHMGE87209S039497																																																							
Notice and Signature																																																							
24	I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (Penal Code section 72).																																																						
	Kristen D. Alexander	Date: 11/10/2017																																																					
	Signature of Claimant or Representative	Printed Name																																																					
25	Mail this form and all attachments with the \$25 filing fee or the "Filing Fee Waiver Request" to: Government Claims Program, P.O. Box 989052, MS 414, West Sacramento, CA 95798-9052. Forms can also be delivered to the Office of Risk and Insurance Management, 707 3rd street, 1st Floor ORIM, West Sacramento, CA 95605.																																																						

AFFIDAVIT FOR WAIVER OF GOVERNMENT CLAIMS FILING FEE AND FINANCIAL INFORMATION FORM

State of California Program

DEC 04 2017

RECEIVED

For Office Use Only

Claim No.:

1-800-955-0045 • www.dgs.ca.gov/orim/Programs/GovernmentClaims.aspx

I request a fee waiver so that I do not have to pay the \$25 fee to file a government claim with the Government Claims Program. I cannot pay any part of the fee.

Claimant Information

<input type="checkbox"/>	Alexander	Kristen	(2)	Tel: 949-244-8194
	Last name	First Name	MI	
<input type="checkbox"/>	Claim Number (if known):			

Employment Information

<input type="checkbox"/>	My occupation: Secretary			
	My employer: Andretti Winery			
	4162 Big Ranch Rd	Napa	CA	94558
	Employer's Mailing Address	City	State	Zip
	My spouse's or partner's employer:			
	Employer's Mailing Address	City	State	Zip
<input type="checkbox"/>	If you are an inmate in a correctional facility, please attach a certified copy of your trust account balance, enter your inmate identification number below and skip to step 23.			
	Inmate Identification Number:			

Financial Information

<input type="checkbox"/>	I am receiving financial assistance from one or more of the following programs. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	If no, proceed to step 7. If yes, check all that apply, then skip to step 24.			
<input type="checkbox"/>	SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs			
<input type="checkbox"/>	CalWORKS: California Work Opportunity and Responsibility to Kids Act			
<input checked="" type="checkbox"/>	Food Stamps			
<input type="checkbox"/>	County Relief, General Relief (GR), or General Assistance (GA)			

<input type="checkbox"/>	Number in my household and my gross monthly household income, if it is the following amount or less:				
	Number	Monthly family income	Number	Monthly family income	
A	<input type="checkbox"/> 1	\$969.79	F	<input type="checkbox"/> 6	\$2,626.04
B	<input type="checkbox"/> 2	\$1,301.04	G	<input type="checkbox"/> 7	\$2,957.29
C	<input type="checkbox"/> 3	\$1,632.29	H	<input type="checkbox"/> 8	\$3,288.54
D	<input type="checkbox"/> 4	\$1,963.54	I	<input type="checkbox"/> There are more than 8 people in my family Add \$331.25 for each additional person.	
E	<input type="checkbox"/> 5	\$2,294.79			

Number: _____ Total Income: _____

If you checked a box in step 7 A through I, complete steps 9 through 15. Then skip to step 24.

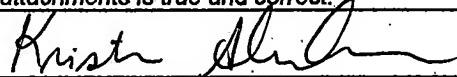
<input type="checkbox"/>	My income is not enough to pay for the common necessities of life for me and the people in my family, and also pay the filing fee. <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, fill in steps 9 through 24.			

Monthly Income and Expenses

9	My gross monthly pay is: \$	10	My income changes each month:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Number of persons living in my home:			12	Other money I get each month
	Name	Age	Relationship	Monthly Income	Source:
A				\$	A \$
B				\$	B \$
C				\$	C \$
D				\$	D \$
E				\$	E \$
F				\$	F \$
15	My total gross monthly household income:	\$ 0.00	13	Total other money:	\$ 0.00
16	My payroll deductions are:		14	My monthly income:	\$ 0.00
A	\$	E			\$
B	\$	F			\$
C	\$	G			\$
D	\$	H			\$
17	My total payroll deduction amount is:	\$ 0.00			
18	My monthly take home pay is	\$ 0.00	19	My net monthly income:	\$ 0.00
20	I own or have interest in the following property:				
A	Cash \$	C	Cars, other vehicles, and boats (List make and year)		
B	Checking and savings (List banks):		Property	Value	Loan Balance
1)	\$	1)	\$	\$	\$
2)	\$	2)	\$	\$	\$
3)	\$	3)	\$	\$	\$
4)	\$	D	Real estate (List addresses)		
		1)	\$	\$	\$
		2)	\$	\$	\$
21	My monthly expenses are:				
A	Rent or house payment \$	J	Installment payments (specify)		
B	Food and household supplies \$		1)	\$	\$
C	Utilities and telephone \$		2)	\$	\$
D	Clothing \$		3)	\$	\$
E	Laundry and cleaning \$		Total installment payments: \$ 0.00		
F	Medical and dental \$	K	Wage assignment or withholdings \$		
G	Insurance \$	L	Spousal or child support \$		
H	School, child care \$	M	Other:		
I	Transportation and auto expenses \$		1)	\$	\$
			2)	\$	\$
			Total other expenses: \$ 0.00		
22			Total monthly expenses: \$ 0.00		
23	I have attached other information that supports this application on a separate sheet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Signature Section

24 I declare under penalty of perjury under the laws of the state of California that the information on this form and all the attachments is true and correct.



Signature of Claimant

1/28/17

Date

Nov 17, 2017

On October 17, 2017, I witnessed the following. At the time of the incident for which this statement was prepared, I was sitting in my house at [REDACTED] in a room with a large window. From this room I have a clear view of [REDACTED] and a partial view of the intersection of [REDACTED] Due to the ongoing fires, an almost constant flow of fire fighting vehicles, were going east and west on [REDACTED]

At one point on this date and just prior to the water incident, I noticed a fire fighting vehicle - unknown jurisdiction - drive east bound on [REDACTED] and position itself next to a fire hydrant located on the north west corner of [REDACTED]

Within a few minutes of this vehicle parking at the fire hydrant, I saw a wall of water being projected in a westerly direction from the vicinity of the fire hydrant.

The force of the water was powerful and was about three to five feet high. The wave of water lasted about a minute.

Within a few minutes after the water had stopped I walked out to the street. I noticed the fire truck still parked at

the fire hydrant and there were several personnel working around the hydrant.

I noticed a small blue vehicle parked on [REDACTED] approximately between [REDACTED]

[REDACTED] This put the vehicle directly in the path of the afore mentioned wall of water. I knew that the vehicle belonged to a neighbor at [REDACTED]

I further noticed that a large number of rocks were spread all over the sidewalk and street on Patrick Rd. from the fire hydrant to past my driveway.

This is a distance of about 100 feet. I later noticed a divot in the rocks that covered the driveway next to the fire hydrant. I believe the rocks had been displaced by the water from the hydrant.

Later that day, I contacted the neighbor who owned the above referenced blue car. I told her what I had witnessed. The neighbor inspected her vehicle and said there was damage to the vehicle consistent with rocks having impacted it.

✓ David Beck

David Beck
[REDACTED]



SOSCOL AUTO BODY INC.

"WE ARE HERE TO HELP."

637 SOSCOL AVE, NAPA, CA 94559

Phone: (707) 252-7575

FAX: (707) 252-0523

Workfile ID:

Federal ID:

BAR:

af5a2814

942585540

AK73454

Preliminary Estimate

Customer: ALEXANDER, KRISTEN

Job Number:

Written By: Ron Pippert

Insured: ALEXANDER, KRISTEN

Policy #:

Claim #:

Type of Loss:

Date of Loss:

Days to Repair: 0

Point of Impact:

Owner:

ALEXANDER, KRISTEN

Inspection Location:

Insurance Company:

SOSCOL AUTO BODY INC.

637 SOSCOL AVE

NAPA, CA 94559

Repair Facility

(707) 252-7575 Business

(949) 244-8194 Cell

VEHICLE

2009 HOND Fit Manual 4D H/B 4-1.5L Gasoline MPFI BLUE

VIN: JHMGE87209S039497

Interior Color:

Mileage In:

Vehicle Out:

License: 6YKG192

Exterior Color: BLUE

Mileage Out:

State:

Production Date: 12/2008

Condition:

Job #:

TRANSMISSION

Overdrive

5 Speed Transmission

POWER

Power Steering

Power Brakes

Power Windows

Power Locks

Power Mirrors

DECOR

Dual Mirrors

Tinted Glass

CONVENIENCE

Air Conditioning

Intermittent Wipers

Tilt Wheel

Rear Defogger

Message Center

Rear Window Wiper

Telescopic Wheel

RADIO

AM Radio

FM Radio

Stereo

Search/Seek

CD Player

Auxiliary Audio Connection

SAFETY

Drivers Side Air Bag

Passenger Air Bag

Anti-Lock Brakes (4)

Front Side Impact Air Bags

Head/Curtain Air Bags

SEATS

Cloth Seats

Bucket Seats

Reclining/Lounge Seats

WHEELS

Wheel Covers

PAINT

Clear Coat Paint

Preliminary Estimate

Customer: ALEXANDER, KRISTEN
Job Number:

2009 HOND Fit Manual 4D H/B 4-1.5L Gasoline MPFI BLUE

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	FRONT BUMPER & GRILLE						
2	R&I	R&I bumper cover			1.1		
3	FRONT LAMPS						
4	R&I	RT R&I headlamp assy			0.3		
5	FENDER						
6	*	Rpr RT Fender (HSS)			1.0		1.8
7		Add for Clear Coat					0.7
8	FRONT DOOR						
9	*	Rpr RT Door shell (HSS)			1.0		2.3
10		Overlap Major Adj. Panel					-0.4
11		Add for Clear Coat					0.4
12	R&I	RT Belt molding			0.1		
13	R&I	RT R&I mirror			0.3		
14	R&I	RT Handle, outside w/o keyless entry blue pearl			0.3		
15	REAR DOOR						
16	*	Rpr RT Door shell (HSS)			1.0		2.1
17		Overlap Major Adj. Panel					-0.4
18		Add for Clear Coat					0.3
19	R&I	RT Belt molding			0.1		
20	R&I	RT Handle, outside violet pearl			0.3		
21	R&I	RT R&I trim panel			0.4		
22	QUARTER PANEL						
23	*	Rpr RT Quarter panel Base (HSS)			1.0		2.6
24		Overlap Major Adj. Panel					-0.4
25		Add for Clear Coat					0.4
26	R&I	RT Quarter glass Honda			1.6		
27	LIFT GATE						
28	*	Rpr Lift gate w/o spoiler (HSS)			2.0		1.8
29		Overlap Major Adj. Panel					-0.4
30		Add for Clear Coat					0.3
31	R&I	License molding			0.5		
32	Repl	Emblem	75701TF0003	1	24.82	0.1	
33	Repl	Nameplate	75722TF0004	1	23.32	0.2	
34	R&I	Handle			0.3		
35	R&I	Lift gate glass Honda			2.3		
36	REAR LAMPS						
37	Repl	RT Tail lamp assy	33500TK6A01	1	209.63	0.3	
38	REAR BUMPER						
39		O/H bumper assy			1.9		
40	*	Rpr Bumper cover			3.0		2.6
41		Overlap Major Non-Adj. Panel					-0.2
42	*	Add for Clear Coat					0.5

Preliminary Estimate

Customer: ALEXANDER, KRISTEN

Job Number:

2009 HOND Fit Manual 4D H/B 4-1.5L Gasoline MPFI BLUE

43 #	HAZARDOUS WASTE	1	3.00 X	
44 #	TINT COLOR	1		0.5
45 #	Repl CORROSION PROTECTION	1	10.00 T	0.2
46 #	Repl FLEX ADDITIVE	1	5.00 T	
SUBTOTALS		275.77	19.8	14.0

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			257.77
Body Labor	19.8 hrs @	\$ 95.00 /hr	1,881.00
Paint Labor	14.0 hrs @	\$ 95.00 /hr	1,330.00
Paint	14.0 hrs @	\$ 45.00 /hr	630.00
Miscellaneous			18.00
Subtotal			4,116.77
Sales Tax	\$ 902.77	@ 7.7500 %	69.96
Grand Total			4,186.73
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			4,186.73

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

THE FOLLOWING IS A LIST OF ABBREVIATIONS OR SYMBOLS THAT MAY BE USED TO DESCRIBE WORK TO BE DONE OR PARTS TO BE REPAIRED OR REPLACED:

MOTOR ABBREVIATIONS/SYMBOLS: D=DISCONTINUED PART, A=APPROXIMATE PRICE. LABOR TYPES: B=BODY LABOR, D=DIAGNOSTIC, E=ELECTRICAL, F=FRAME, G=GLASS, M=MECHANICAL, P=PAINT LABOR, S=STRUCTURAL, T=TAXED MISCELLANEOUS, X=NONTAXED MISCELLANEOUS. CCC ONE: ADJ=ADJACENT, ALGN=ALIGN, A/M=AFTERMARKET, BLND=BLEND, CAPA=CERTIFIED AUTOMOTIVE PARTS ASSOCIATION, D&R=DISCONNECT AND RECONNECT, EST=ESTIMATE, EXT. PRICE=UNIT PRICE MULTIPLIED BY THE QUANTITY, INCL=INCLUDED, MISC=MISCELLANEOUS, NAGS=NATIONAL AUTO GLASS SPECIFICATIONS, NON-ADJ=NON ADJACENT, O/H=OVERHAUL, OP=OPERATION, NO=LINE NUMBER, QTY=QUANTITY, RECOND=RECONDITION, REFN=REFINISH, REPL=REPLACE, R&I=REMOVE AND INSTALL, R&R=REMOVE AND REPLACE, RPR=REPAIR, RT=RIGHT, SECT=SECTION, SUBL=SUBLET, LT=LEFT, W/O=WITHOUT, W/_=WITH/_ SYMBOLS: #=MANUAL LINE ENTRY, *=OTHER [IE..MOTORS DATABASE INFORMATION WAS CHANGED], **=DATABASE LINE WITH AFTERMARKET, N=NOTES ATTACHED TO LINE. OPT OEM=ORIGINAL EQUIPMENT MANUFACTURER PARTS EITHER OPTIONALLY SOURCED OR OTHERWISE PROVIDED WITH SOME UNIQUE PRICING OR DISCOUNT.

"CURE TIME" MEANS THE LENGTH OF TIME THAT, PER THE ADHESIVE MANUFACTURER, THE WINDSHIELD ADHESIVE NEEDS TO CURE UNTIL THE WINDSHIELD CAN PROPERLY FUNCTION AS A SAFETY DEVICE PURSUANT TO THE FEDERAL MOTOR VEHICLE SAFETY STANDARDS AND THE VEHICLE MANUFACTURER'S SPECIFICATIONS.

Preliminary Estimate

Customer: ALEXANDER, KRISTEN

Job Number:

2009 HOND Fit Manual 4D H/B 4-1.5L Gasoline MPFI BLUE

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide ARG4486, CCC Data Date 10/17/2017, and potentially other third party sources of data; and (b) the parts presented are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2017 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category.
X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category.
M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel.
CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel.
HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non
Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace.
R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel.
Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway
Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

Kristen Alexander

OAKLAND CA 94652

30 NOV 2017 PM 6:4



Government Claims Programs
P.O. Box 989052, MS 414
West Sacramento, CA

95798-9052

95798-905252

